

104559939

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3			1			
4				1		
5	1					
6		1				
7		1				
8	1		1			
9	1			1		
10	1		1			
11	1		1			
12	1			1		
13	1					
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50						
TOTAL IND.			4			
TOTAL DEP.		4				
TOTAL CLAIMS		4				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				4		
TOTAL DEP.		4				
TOTAL CLAIMS		4				